

Women's Health Awareness and Diagnostic Camp



12 March, 1993

Organised by

02845



COMMUNITY HEALTH CELL

326 V Main, I Block

Bangalore

WOMEN'S HEALTH AWARENESS AND DIAGNOSTIC CAMP

Organised by CHETNA in collaboration with

Government Organisations

**Department of Gynecology and Obstetrics,
Civil Hospital, Ahmedabad Gujarat, India**

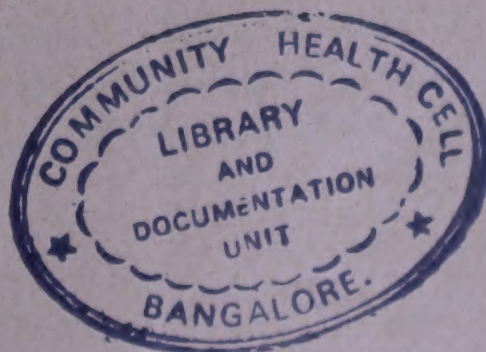
**Primary Health Centre
Varahi, Banaskantha, Gujarat, India**

Non Government Organisation

**Bhansali Trust, Radhanpur,
Banaskantha, Gujarat, India.**

Date : 12th March, 1993

Venue : Primary Health Centre, Varahi Radhanpur, Banskantha, Gujarat, India.



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INTRODUCTION

“Any serious attempt to improve the health of women must deal firstly with biased social customs and cultural traditions that have an adverse impact on their health status.”

The above statement is quoted from the “Health and Family Welfare Policy Document” of the Government of India, 1992, clearly articulate the need to adopt an integrated and holistic approach towards improving the health of the women. But the programme implementation process does not reflect this thinking of the policy documents. Programmes directed towards improving the health of women, still focus and give importance to ‘maternal health’. Other health concerns of the women, like gynecological problems are either neglected or receive low priority in the existing health system of our country. Hence the health workers are neither able to provide correct information nor are they able to provide appropriate treatment for Reproductive Tract Infections (RTI).

And, at the sociological level, our gender biased society prevents dissemination of information and discussion on women’s reproductive health concerns. Thus women are reluctant to discuss their reproductive health problems due to a patriarchal and a traditional society where upbringing of girls, teaches them to be shy and docile, leave aside speaking about reproductive aspects. Secondly, the taboos and blind beliefs related to reproductive health concerns act as a deterrent for women.

These two key reasons lead to a high incidence of unreported reproductive tract infections in our country. As a result, every year thousands of women die needlessly from cervical cancer, ectopic pregnancy, infections of the uterus and fallopian tubes.

This dismal state of women’s reproductive health status was corroborated by the results of a study carried out by Dr. Rani Bang, in 1986, in two villages of the Chandrapur district of Maharashtra State in India. 650 women were studied. The results indicated, that 92 percent of the women were found to have one or more gynecological infections. **CHETNA**’s experiences of a decade of training and its work, at the grass root level also reflects a similar perception.

Dissemination of information and education were found to be essential for enhancing women’s reproductive health status. Hence, a need to evolve an effective and an appropriate strategy for dissemination of information and education keeping our socio-cultural milieu in view, was felt.

Health Fair an Effective Strategy

In our country, health education is given low priority. Whenever an attempt is made to disseminate health messages, most of the time these attempts are based on western models or experiences and hence are not socio-culturally appropriate. For example, health education imparted through books, posters or pamphlets, filled with written messages have limited value and effect in our society since the target population is pre-dominantly illiterate. **CHETNA**, is one of the few pioneering organisations which has evolved an effective health education strategy, congruent to Indian culture and tradition.

One such strategy that **CHETNA** has adopted in the states of Gujarat and Rajasthan is to utilise the idea of a traditional fair to impart health education. A traditional fair is an intrinsic part of the Indian rural society. Interestingly, the conservative Indian society does not restrict women from participating in such fairs. Several poets and literateurs have composed and developed poems and stories which talk about this intrinsic phenomena called a fair. Women in the company of other women and away from the tensions of their routine life, enjoy themselves.

CHETNA's experience in organising such fairs has yielded positive results as it has successfully organized a number of women's health fairs and childrens fairs. These successful experiences were adopted to address the gynecological health concerns of women. Keeping the various aspect of the traditional fair format, a Women's Health Awareness and Gynecological Diagnostic Camp was organised at Varahi, in Banaskantha district of Gujarat state where 320 women from 42 villages participated.

Health Awareness Programme at Banaskantha

Banaskantha district in Gujarat State, is a tribal and a drought prone area. Women have to walk several miles to draw water from river or small ponds, which, may not be safe for drinking. Result: high prevalence of water borne and water related diseases. In 1984, with financial assistance from the Dutch Government, pipelines were laid and villages were provided water through taps. After a few years, a survey was conducted. The survey indicated that though safe drinking water was being provided, the percentage of water borne diseases was still high. It was also found that though the water provided is safe, contamination of water occurred in the homes, that is, water of the drinking pot was found contaminated. The responsibility of creating health awareness amongst the community of 98 villages of three blocks of the Banaskantha district was given to **CHETNA**.

Socio - Economic Status of Women in Banaskantha District

Almost all the families own agricultural land. However, because of the vicious cycle of recurring drought, agricultural production is not substantial. This forces the community to take up casual labour work on a daily basis.

The integrated approach of the Dutch Assisted Programme in this district has encouraged income generation activities. To ascertain that money earned through these income generating activities helps them to improve their health, 'awareness' became a prerequisite. This was the rationale for **CHETNA** to begin its health awareness campaign.

Health Awareness Strategy

CHETNA selected women representatives from these villages. Regular monthly meetings were organised with these women representatives. At these meetings, health and nutrition related knowledge was imparted. It was during the course of these meetings that the village women expressed a need for addressing their gynecological health concerns.

In order to address the needs of these women, one of the regular meetings focused on gynecological health. The main emphasis of this meeting was to orient the women representatives about the preventive aspects of the gynecological problems. The women were also helped to understand how the socio - cultural environment in which they live and grow leads them to ignore their gynecological health problems. However, women were more interested in quickly ameliorating and being relieved of their gynecological problems through direct action and they therefore demanded curative interventions first.

PLANNING OF THE CAMP

Situation : Gynecological Problems

During the course of **CHETNA**'s work in the 'Integrated Dutch Assisted Water Awareness Programme', results in one of the blocks viz. Santalpur were analysed. It was found that women's gynecological problems had remained untreated due to non - availability of a lady doctor at the local Primary Health Centre. Other reasons for not seeking or receiving treatment were :

- non - availability of trained lady doctors at the grass root level to address reproductive health.
- a fear of clinical check up amongst women.
- lack of decision making power to seek treatment and, time constraints.

Need Assessment prior to the Camp

As a precursor to organising a camp, it was thought essential to collect data on the existing gynecological health problems of women. As well, to convince the women to participate in case a diagnostic camp is organised. It was imperative to convince the women because as mentioned before, they had an inherent fear of clinical check-ups.

The Creche (Anganwadi) Workers affiliated with a local NGO (Bhansali Trust) who work at grassroots were identified to collect relevant data. Initially, these workers were oriented on the subject. They, later contacted the village women to collect the required data, focusing on, types of gynecological problems and readiness to undergo clinical checkup, if medical facilities are provided locally.

The Creche workers contacted about 200 women. The complaints reported were vaginal discharge, menstrual disorders, prolapsed uterus and lower back pain. About 150 women consented to undergo a clinical examination.

During the analysis phase, the women had expressed that their primary need was to get cured for their gynaecological problems. We at **CHETNA**, felt that this problem needs to be addressed at three levels.

- 1) diagnosis and provision of appropriate treatment for the diseases
- 2) awareness regarding prevention of such diseases
- 3) awareness regarding the relationship between the gynecological problems that the women encounter and the socio - cultural environment in which the women live.

As a result, the camp was planned both for curative services and to enhance awareness

The process of the camp was designed in such a way that it provides curative and awareness related activities in a non-threatening environment. It was organised at the village level, and in an informal manner so that the women are able to speak freely and, they successfully undergo a clinical check up without fear.

The camp was organized with the following objectives :-

- 1) To provide clinical check up and subsequent treatment for gynecological problems of women.
- 2) To create an awareness on women's health in relation to the socio - cultural patterns.
- 3) To collect information on prevalent health problems and study the health seeking behaviour of village women.

The camp also served as an event to celebrate the International Women's Day (8th March) and provided a platform to the women and the CHETNA team to discuss issues related to women's health and development.

Venue

The camp was organized at the Varahi block Primary Health Centre. This Primary Health Centre (PHC) was earmarked as the venue as it was located centrally from the 42 villages from which women were expected to participate. Moreover, the PHC was selected so as to utilize the available Government infrastructure for which, necessary permission was sought at the District level.

Selecting the PHC had its advantages. **CHETNA**, through its health awareness programme, had conducted sessions for the PHC functionaries to upgrade their skills in imparting health education at the community level earlier. This past rapport helped to establish a smooth collaboration at the local level. A link could be established between the women and the PHC. This ensured the followup of the women who would be treated at the camp.

Roles and Responsibility of different Organizations

CHETNA decided to organize the camp and coordinate activities with other local organizations.

The Department of Gynecology and Obstetrics, of Ahmedabad based Government Civil Hospital, readily agreed to provide the medical facility in terms of medical personnel, medicines and materials for conducting clinical check up, analyzing results, providing treatment, counselling and to some extent provide support in conducting the follow-up.

The District Health Officer, PHC, Varahi offered support in the form of infrastructure to organize the camp and share the responsibility of follow-up and support in organizing the camp.

A local NGO - Bhansali Trust, extended their support by providing their network to motivate women to participate as well as to organize the camp. They also showed willingness to undertake the responsibility of follow-up of the women after the camp.

Other Camp Activities

As envisaged in the objectives, awareness and education was expected to be an intrinsic part of the camp. Along with counselling, diagnosis, clinical examination and, treatment, other activities for the camp were envisaged to be:

1. Exhibition and film show on women's health and development.
2. Group discussions on social factors affecting women's health.
3. Information collection to study health seeking behaviour of women.

These activities were planned such that, women get oriented on women's health, feel relaxed, and get ready prior to the clinical examination.

ACTIVITIES DURING THE CAMP ==

Inauguration

At the inauguration, the objective of the diagnostic camp was explained to the women with an emphasis on the importance of follow up. The inauguration also served the purpose of introducing the various organizations, their roles at the diagnostic camp and to introduce the functionaries of these organizations. It served to create a friendly atmosphere among the organizers and the women.

Registration

In order to maintain a record and provide a base to conduct the follow up, each participating woman's name was registered. The women were accompanied by the Creche (Anganwadi) Workers who would become a link for conducting follow up activities. Since different categories of people were involved in the camp process, badges with different colour codes were provided during the registration, to assist in identification.

Health Information Kit

The women, Creche (Anganwadi) Workers and resource persons were given health information kits which included different posters and folders which the women could go back and display at their village to spread knowledge. The details of the kit are given in **Annexure - 1**.

Exhibition

An exhibition was organised at the camp site. This exhibition was organised to impart health education, familiarise the women with the female and male body structure and to create an understanding about gender discrimination and its effect on women's health.

Posters that were exhibited depicted women's health, reproductive system, gender discrimination and harmful social and cultural practices. A section on usefulness of traditional practices was also included. Pertinent discussions during the fair helped to create health awareness amongst the women and even relaxed the women. Such a process helped the women to discuss women's gynecological health concerns.

Video and Slide Show

A video documentary titled "Kali Kem Mari" was screened. This documentary has been produced by SEWA- Rural, Jhagadia, and DRISHTI, Ahmedabad and has been supported by Ford Foundation. The aim for screening this

documentary was to convey the fatal consequences if one does not care for one's own health. A slide show on the Child Birth process was also screened. These slides helped to convey information about the male and female anatomy. These screenings were appreciated by all the participants and some of them even came back for a second viewing.

Group Discussion

Throughout the day small group discussions were held. These groups were facilitated by **CHETNA** functionaries. The topics were discussed with a perspective of the women's social concerns. They were :

- Gynaecological health
- Ante-natal and post natal care
- Nutritional status of women

Detailed discussion took place on the structure and function of the human reproductive system.

These small group discussions succeeded in eliciting the women's health problems in relation to their gender discrimination.

Counselling, Diagnosis and Clinical Examinations

Prior to the clinical examination, women were questioned on their specific ailments and problems. A broad medical history, recorded prior to the examination helped the doctors to decide about the nature of examination required. Also, women were counselled on the kind of check up that would be conducted for them. This was done to eliminate any unnecessary fears and doubts. Later, women reassured themselves by questioning others who had undergone an examination.

About 218 women could be examined for gynaecological problems during which bi-manual and speculum examination were done and 91 pap smear tests were conducted.

ANALYSIS OF THE DATA =====

Results

On analysing the records, subsequent to the clinical examination, out of the 218 women, major gynecological problems reported were vaginal infection, infertility and menstrual disorders. About 42% had vaginal infection manifesting the problem of white discharge. About 18% had the problem of infertility (national figure 10%). 13 % of the women were found to have menstrual disorders. (It has been **CHETNA**'s experience that, during other training programmes too, women usually mention menstrual disorders which is reported on a higher side.) Other problems observed, were prolapse of uterus and poor obstetric history.

Out of 91 samples collected for PAP smear 27% were found to be normal. 70% showed signs of mild to severe inflammation. The details of the results are given in **Annexure II**.

Treatment

Subsequent to the clinical examination, drugs and medicines were distributed according to the prescription. Many women were advised to come to the Civil Hospital at Ahmedabad for a complete check up. Till date, about 10 women have followed these instructions and have visited the civil hospital.

Health Seeking Behaviour of Women for their Gynecological Illnesses

CHETNA used a questionnaire to collect information about common illnesses amongst women and their health seeking behaviour. The data revealed that out of 136 women who filled up the questionnaire, majority of them reported that body ache is highly prevalent in the community. Other problems include vaginal discharge, heavy menstrual bleeding and prolapse of the uterus. Mental tensions and depression were also reported by them.

According to the information collected, the women prefer to first discuss their gynaecological illness with their husband. This is because the final decision as to whether the women should seek treatment is usually taken by him, so women feel he is the ideal person to discuss about their illness. This indicates how the social structure affects the women's health seeking pattern for their gynecological problems. Women do discuss their problems with other women of the family, however, the decision whether to seek treatment remains with the husband.

The women reported that initially, women try home remedies. If they do not get cured by them, then they visit the local healer and seek help from the local health system as a last resort. Majority of them mentioned that by the time they reach a doctor, the illness becomes severe.

For future action the findings, indicate that -

- 1) The menfolk of the house also need to be sensitised on the gynecological illnesses of women. This will enable them to cooperate and seek the treatment early.
- 2) If the women are comfortable with the use of herbal medicines, education regarding traditional medicine can be imparted in this area.
- 3) The women should be made aware of the signs and symptoms of different gynecological illnesses so that they can seek the treatment early.

FOLLOW-UP

Follow-up of the camp was decided thus :

Civil Hospital, Ahmedabad

To send all the case papers of the women who were medically examined along with their diagnostic reports to **CHETNA**. Women who need further treatment or need to be operated will contact Dr. Nitaben Yagnik, department of gynaecology and obstetrics, Civil Hospital. (No fee will be charged)

CHETNA

Copies of case papers of women who participated at the camp will be sent to PHC Varahi and Bhansali Trust for records. These case papers would serve as preliminary data when the women would seek follow up treatment for their illnesses.

In course of its regular field visits, **CHETNA** would motivate women to seek follow up treatment and would provide necessary guidance for any side effects of the treatment. **CHETNA** team will attend the monthly meeting of the Creche (Anganwadi) Workers to collect information about the women who participated at the diagnostic camp and to initiate necessary further action.

The Bhansali Trust

During their monthly meetings with the Creche (Anganwadi) Workers, the functionaries of the Trust would motivate them to encourage the women to seek follow up treatment. The Trust would provide financial support to the economically weak women incase, they need to visit Ahmedabad for any follow-up treatment or operation.

Primary Health Care Centre, Varahi.

Case papers of women examined have been forwarded to the PHC so that the PHC functionaries could provide guidance in terms of treatment, and carry out further check-up if necessary.

Village Level

To motivate other affected women to get their check-up done at the Bhansali Trust and to seek all help for their treatment.

A copy of the case paper was also given to the women, which would help them whenever they seek follow-up treatment. CHETNA promised all the necessary support in doing the follow-up activities.



Organisation of Camp

- Since the need to organise such a camp was expressed by the women themselves, they participated enthusiastically.
- The camp approach helped to create a conducive environment for women to undergo clinical examination.
- If the details of the camp could have been given to the PHC and Bhansali Trust workers prior to the camp, their support could have been elicited to conduct small group discussions, to take the women around the exhibition and in organising other physical arrangements.
- In future if such a camp is to be organised, the doctors team should reach the venue the previous evening so as to start the camp early.
- To organise such diagnostic camps, minor problems can be identified with the help of Medical Officer of the local PHC, to avoid crowding during the actual camp.
- Instead of organising a camp for such a large number of villages at a time, it could be organised for two to three clusters of villages.
- Video Show was found to be an effective media to impart messages especially in a large group.
- The role of the Creche (Anganwadi) Worker and Auxilliary Nurse Midwife should be specified prior to the camp so that they can co-operate in a supportive way.

Integration of different educational activities helped to create an awareness regarding women's health in relation to their social concerns, rather than dealing with the gynecological health problem in isolation and only at the curative level. If such camps are focus only on the curative aspect they may not prove to be useful. Other awareness related activities contributed in creating confidence amongst the women to undergo clinical check up. The involvement of the local Primary Health Care Centre (PHC) proved beneficial. They can take up the role of follow up to create a rapport amongst village women and PHC staff. The PHC's involvement could have been extended beginning at the planning level, during data collection on women's health concerns and while providing motivation to women to participate in the diagnostic camp.

Clinical Check-up

- For the clinical examination lady gynecologists are a pre-requisite to conduct such a gynecological camp.
- For conducting clinical examinations it is important that activities like sterilization of the equipment, counseling, examination and treatment be synchronized properly to have optimum results since all these activities have equal weightage.
- When a clinical check-up of such a large number of women is envisaged, it is very important that proper hygiene is maintained otherwise, it can lead to cross infections.
- Collecting detailed medical history is essential to conduct the examinations quickly and effectively. This can be done prior to the camp.

Financial Aspect of the Camp

- **CHETNA**, is based at Ahmedabad, while the camp was organised at the Varahi PHC, which is 200 km from Ahmedabad.

Due to this distance, major expenditure was that of travel and administrative/ organising costs (including food, tent, hiring of equipment etc.) This expenditure can be reduced to minimum if such camps are organised locally.

Roughly, expenditure per person : Rs. 93/- (Including time, expertise, medicine, educational material and excluding food, travel, other administrative cost)

Incase such a camp is organised by a local organisation using Govt. infrastructure, the expenditure per participant would roughly be Rs. 100/-. The budget available for the Family Planning Camp of Govt. could be used for organising such camps.

ANNEXURE - I

Educational Kit provided to the women

Following health education material was distributed in the health kit:

For Creche (Anganwadi) Workers and Resource persons

1. **CHETNA** folder, Publication Information, Newsletter.
2. Healthy kitchen Calendar.
3. Aulakh (NGO) a calender on women's development concerns.
4. Child Birth Picture Book
5. Poster on health and nutrition.
6. A poster on children's rights.
7. Picture postcards.
8. Poster on International Women's Day (IWD).
9. A copy of health slogans.

For Village Women

1. **CHETNA** folder in local language. IWD posters in Gujarati.
2. A poster on health and nutrition.
3. 'Aulakh' (NGO) a calendar on women's development concerns.
4. Health slogans. (**CHETNA**).

Results of the Pap Smear N = 91

Condition	Number *
Normal	25
Mild inflammation	14
Moderate inflammation	33
Marked inflammation	13
Severe inflammation	04
Mild dysplasia with RBCS	01
Mild dysplasia	05
Moderate dysplasia II	01
Trichomonas Vaginitis	04
Not possible to conclude	02
* Some women had more than one condition present at the time of examination.	

Results of Clinical Check-up N = 218

Diseases	% of women
Infertility	17.89
Prolapse	07.34
Infection	42.20
Menstrual disorders	12.85
Bad obstetric history	03.67
Others	02.29
Normal	13.76

N = Total Number of Women Examined.



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